



Interest Form

CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

EDUCATION

Are you a current CSUSB Student? Yes No

Do you currently work at CSUSB? Yes No

If Yes, where: _____

Coyote ID: _____ Major: _____ Anticipated Graduation Year: _____

Do you have Work Study? Yes No I don't know

AVAILABILITY/REQUIREMENTS

Please Initial to verify that you understand/qualify for the following requirements.

____ All Academic Advisors MUST be available for a total of 19 hours each week.

____ Minimum Junior level in college or higher.

____ Required to have knowledge of the A-G and graduation requirements.

____ General understanding of the postsecondary admission and financial aid processes and criteria.

QUESTIONS

Why do you want to be an academic advisor for the GEAR UP Program?

What is your experience in working with first generation/low income students?